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7590 02/17/2004  
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 ATTN: KIM S. MANSON  
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|                        |                    |
|------------------------|--------------------|
| Joan M. Rondeau        | (Depositor's name) |
| <i>Joan M. Rondeau</i> | (Signature)        |
| May 12, 2004           | (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/852,107      | 05/09/2001  | Dwijen K. Banerjee   | CON730-149/001341   | 5018             |

TITLE OF INVENTION: COMBINED THERMAL AND CATALYTIC TREATMENT OF HEAVY PETROLEUM IN A SLURRY PHASE COUNTERFLOW REACTOR

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1330    | \$300           | \$1630           | 05/17/2004 |

| EXAMINER         | ART UNIT | CLASS-SUBCLASS |
|------------------|----------|----------------|
| ARNOLD JR, JAMES | 1764     | 208-067000     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Kim S. Manson  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ConocoPhillips Company

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Houston, Texas

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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| <b>FEE TRANSMITTAL</b><br><b>for FY 2004</b><br><i>Effective 10/01/2003. Patent fees are subject to annual revision.</i> |  | <b>Complete if Known</b> |                    |
|  |  | Application Number       | 09/852,107         |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |  | Filing Date              | 05/09/2001         |
|  |  | First Named Inventor     | Dwijen K. Banerjee |
| TOTAL AMOUNT OF PAYMENT (\$)   |  | Examiner Name            | Arnold Jr., James  |
|  |  | Art Unit                 | 1764               |
|  |  | Attorney Docket No.      | COP-09259.0-00     |

| METHOD OF PAYMENT (check all that apply)   |           |                |          | FEE CALCULATION (continued)  |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
|--|-----------|----------------|----------|--|----------|----------------|--|-----------------|----------|--------------|-----------|-----------------|----------|----------|----------|--------------------|----------|------------------------|-----|------|------|-------------------------------------|----|-----------------------------------|----|------|-----|--|-----|---------------------------------------|-----|------|-----|-----------------------------|----|--|-------|------|-------|--|---|--|------|------|------|--|--|------|--------|------|--------|---|--|------|-----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-------|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|----------|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|---------------------------------------|--|------|-----|------|-----|--|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|-------------------------------------|--|--|--|--|--------|-------------------|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--------------|--|----------------|--|----------|--|--------------|-----------|---|--|---|------|--------------------|----------|---|--|---|------|--------------------|--|--|--|---|--|--|--|--|--|--|--|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|------|----|------|---|------------------------|--|------|----|------|----|-----------------------------------|--|------|-----|------|-----|---------------------------------------|--|------|----|------|----|--|--|------|----|------|---|--|--|--|--|-------------------|--|--|--|------|--|--|--|--|--|--|--|-----------------------------------|--|--|--|-------------------|--|--|--|--|--|----------|--|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None  |           |                |          | <b>3. ADDITIONAL FEES</b>  |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| <input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number: 16-1575<br>Deposit Account Name:   |           |                |          | <table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr><tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr><tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non - English specification</td><td></td></tr><tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr><tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr><tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr><tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td></td></tr><tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr><tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr><tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr><tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr><tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr><tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td><td>Petition to revive - unintentional</td><td></td></tr><tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td><td>Utility issue fee (or reissue)</td><td>1,330.00</td></tr><tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td>Design issue fee</td><td></td></tr><tr><td>1503</td><td>640</td><td>2503</td><td>320</td><td>Plant issue fee</td><td></td></tr><tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR § 1.17(q)</td><td></td></tr><tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Statement</td><td></td></tr><tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr><tr><td>1809</td><td>770</td><td>2809</td><td>385</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr><tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr><tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td>Request for Continued Examination (RCE)</td><td></td></tr><tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr><tr><td colspan="4">Other fee (specify) Publication Fee</td><td></td><td>300.00</td></tr><tr><td colspan="4">SUBTOTAL (1) (\$)</td><td colspan="2"></td></tr><tr><td colspan="4"><b>2. EXTRA CLAIM FEES FOR UTILITY AND</b></td><td colspan="2"></td></tr><tr><td colspan="4"><table border="1"><thead><tr><th colspan="2">Extra Claims</th><th colspan="2">Fee from below</th><th colspan="2">Fee Paid</th></tr></thead><tbody><tr><td>Total Claims</td><td>-20** = 0</td><td>X</td><td></td><td>=</td><td>0.00</td></tr><tr><td>Independent Claims</td><td>-3** = 0</td><td>X</td><td></td><td>=</td><td>0.00</td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td></td><td>=</td><td></td></tr></tbody></table></td><td colspan="2"></td></tr><tr><td colspan="4"><table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr></tbody></table></td><td colspan="2"></td></tr><tr><td colspan="4">SUBTOTAL (2) (\$)</td><td colspan="2">0.00</td></tr><tr><td colspan="4">**or number previously paid, if greater; For Reissues, see above</td><td colspan="2"></td></tr><tr><td colspan="4">*Reduced by Basic Filing Fee Paid</td><td colspan="2">SUBTOTAL (3) (\$)</td></tr><tr><td colspan="4"></td><td colspan="2">1,630.00</td></tr></tbody></table> |          |                |  | Large Entity    |          | Small Entity |           | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code           | Fee (\$) | 1051                   | 130 | 2051 | 65   | Surcharge - late filing fee or oath |    | 1052                              | 50 | 2052 | 25  | Surcharge - late provisional filing fee or cover sheet |     | 1053                                  | 130 | 1053 | 130 | Non - English specification |    | 1812   | 2,520 | 1812 | 2,520 | For filing a request for <i>ex parte</i> reexamination |   | 1804   | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action |  | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |  | 1251 | 110 | 2251 | 55 | Extension for reply within first month |  | 1252 | 420 | 2252 | 210 | Extension for reply within second month |  | 1253 | 950 | 2253 | 475 | Extension for reply within third month |  | 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month |  | 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month |  | 1401 | 330 | 2401 | 165 | Notice of Appeal |  | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) | 1,330.00 | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR § 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Statement |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) Publication Fee |  |  |  |  | 300.00 | SUBTOTAL (1) (\$) |  |  |  |  |  | <b>2. EXTRA CLAIM FEES FOR UTILITY AND</b> |  |  |  |  |  | <table border="1"><thead><tr><th colspan="2">Extra Claims</th><th colspan="2">Fee from below</th><th colspan="2">Fee Paid</th></tr></thead><tbody><tr><td>Total Claims</td><td>-20** = 0</td><td>X</td><td></td><td>=</td><td>0.00</td></tr><tr><td>Independent Claims</td><td>-3** = 0</td><td>X</td><td></td><td>=</td><td>0.00</td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td></td><td>=</td><td></td></tr></tbody></table> |  |  |  | Extra Claims |  | Fee from below |  | Fee Paid |  | Total Claims | -20** = 0 | X |  | = | 0.00 | Independent Claims | -3** = 0 | X |  | = | 0.00 | Multiple Dependent |  |  |  | = |  |  |  | <table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr></tbody></table> |  |  |  | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1202 | 18 | 2202 | 9 | Claims in excess of 20 |  | 1201 | 86 | 2201 | 43 | Independent claims in excess of 3 |  | 1203 | 290 | 2203 | 145 | Multiple dependent claim, if not paid |  | 1204 | 86 | 2204 | 43 | ** Reissue independent claims over original patent |  | 1205 | 18 | 2205 | 9 | ** Reissue claims in excess of 20 and over original patent |  |  |  | SUBTOTAL (2) (\$) |  |  |  | 0.00 |  | **or number previously paid, if greater; For Reissues, see above |  |  |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  | SUBTOTAL (3) (\$) |  |  |  |  |  | 1,630.00 |  |
| Large Entity   |           | Small Entity   |          | Fee Description  | Fee Paid |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| Fee Code   | Fee (\$)  | Fee Code       | Fee (\$) |  |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| 1051   | 130       | 2051           | 65       | Surcharge - late filing fee or oath  |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| 1052   | 50        | 2052           | 25       | Surcharge - late provisional filing fee or cover sheet   |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| 1053   | 130       | 1053           | 130      | Non - English specification  |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| 1812   | 2,520     | 1812           | 2,520    | For filing a request for <i>ex parte</i> reexamination   |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| 1804   | 920*      | 1804           | 920*     | Requesting publication of SIR prior to Examiner action   |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| 1805   | 1,840*    | 1805           | 1,840*   | Requesting publication of SIR after Examiner action  |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| 1251   | 110       | 2251           | 55       | Extension for reply within first month   |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| 1252   | 420       | 2252           | 210      | Extension for reply within second month  |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| 1253   | 950       | 2253           | 475      | Extension for reply within third month   |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| 1254   | 1,480     | 2254           | 740      | Extension for reply within fourth month  |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| 1255   | 2,010     | 2255           | 1,005    | Extension for reply within fifth month   |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| 1401   | 330       | 2401           | 165      | Notice of Appeal   |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| 1402   | 330       | 2402           | 165      | Filing a brief in support of an appeal   |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| 1403   | 290       | 2403           | 145      | Request for oral hearing   |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| 1451   | 1,510     | 1451           | 1,510    | Petition to institute a public use proceeding  |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| 1452   | 110       | 2452           | 55       | Petition to revive - unavoidable   |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| 1453   | 1,330     | 2453           | 665      | Petition to revive - unintentional   |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| 1501   | 1,330     | 2501           | 665      | Utility issue fee (or reissue)   | 1,330.00 |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| 1502   | 480       | 2502           | 240      | Design issue fee   |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| 1503   | 640       | 2503           | 320      | Plant issue fee  |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| 1460   | 130       | 1460           | 130      | Petitions to the Commissioner  |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| 1807   | 50        | 1807           | 50       | Processing fee under 37 CFR § 1.17(q)  |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| 1806   | 180       | 1806           | 180      | Submission of Information Disclosure Statement   |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| 8021   | 40        | 8021           | 40       | Recording each patent assignment per property (times number of properties)   |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| 1809   | 770       | 2809           | 385      | Filing a submission after final rejection (37 CFR § 1.129(a))  |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| 1810   | 770       | 2810           | 385      | For each additional invention to be examined (37 CFR § 1.129(b))   |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| 1801   | 770       | 2801           | 385      | Request for Continued Examination (RCE)  |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| 1802   | 900       | 1802           | 900      | Request for expedited examination of a design application  |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| Other fee (specify) Publication Fee  |           |                |          |  | 300.00   |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| SUBTOTAL (1) (\$)  |           |                |          |  |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND</b>   |           |                |          |  |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| <table border="1"><thead><tr><th colspan="2">Extra Claims</th><th colspan="2">Fee from below</th><th colspan="2">Fee Paid</th></tr></thead><tbody><tr><td>Total Claims</td><td>-20** = 0</td><td>X</td><td></td><td>=</td><td>0.00</td></tr><tr><td>Independent Claims</td><td>-3** = 0</td><td>X</td><td></td><td>=</td><td>0.00</td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td></td><td>=</td><td></td></tr></tbody></table>  |           |                |          | Extra Claims   |          | Fee from below |  | Fee Paid        |          | Total Claims | -20** = 0 | X               |          | =        | 0.00     | Independent Claims | -3** = 0 | X                      |     | =    | 0.00 | Multiple Dependent                  |    |                                   |    | =    |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| Extra Claims   |           | Fee from below |          | Fee Paid   |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| Total Claims   | -20** = 0 | X              |          | =  | 0.00     |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| Independent Claims   | -3** = 0  | X              |          | =  | 0.00     |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| Multiple Dependent   |           |                |          | =  |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| <table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr></tbody></table> |           |                |          | Large Entity   |          | Small Entity   |  | Fee Description | Fee Paid | Fee Code     | Fee (\$)  | Fee Code        | Fee (\$) | 1202     | 18       | 2202               | 9        | Claims in excess of 20 |     | 1201 | 86   | 2201                                | 43 | Independent claims in excess of 3 |    | 1203 | 290 | 2203   | 145 | Multiple dependent claim, if not paid |     | 1204 | 86  | 2204                        | 43 | ** Reissue independent claims over original patent |       | 1205 | 18    | 2205   | 9 | ** Reissue claims in excess of 20 and over original patent |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| Large Entity   |           | Small Entity   |          | Fee Description  | Fee Paid |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| Fee Code   | Fee (\$)  | Fee Code       | Fee (\$) |  |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| 1202   | 18        | 2202           | 9        | Claims in excess of 20   |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| 1201   | 86        | 2201           | 43       | Independent claims in excess of 3  |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| 1203   | 290       | 2203           | 145      | Multiple dependent claim, if not paid  |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| 1204   | 86        | 2204           | 43       | ** Reissue independent claims over original patent   |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| 1205   | 18        | 2205           | 9        | ** Reissue claims in excess of 20 and over original patent   |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| SUBTOTAL (2) (\$)  |           |                |          | 0.00   |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| **or number previously paid, if greater; For Reissues, see above   |           |                |          |  |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
| *Reduced by Basic Filing Fee Paid  |           |                |          | SUBTOTAL (3) (\$)  |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |
|  |           |                |          | 1,630.00   |          |                |  |                 |          |              |           |                 |          |          |          |                    |          |                        |     |      |      |                                     |    |                                   |    |      |     |  |     |                                       |     |      |     |                             |    |  |       |      |       |  |   |  |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |          |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                                     |  |  |  |  |        |                   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |              |  |                |  |          |  |              |           |   |  |   |      |                    |          |   |  |   |      |                    |  |  |  |   |  |  |  |  |  |  |  |              |  |              |  |                 |          |          |          |          |          |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                                       |  |      |    |      |    |  |  |      |    |      |   |  |  |  |  |                   |  |  |  |      |  |  |  |  |  |  |  |                                   |  |  |  |                   |  |  |  |  |  |          |  |

|                   |                |                                   |              |
|-------------------|----------------|-----------------------------------|--------------|
| SUBMITTED BY      |                | Complete (if applicable)          |              |
| Name (Print/Type) | Kim S. Marston | Registration No. (Attorney/Agent) | 42,839       |
| Signature         |                | Telephone                         | 281-293-3580 |
|                   |                | Date                              | May 12, 2004 |

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